

OTOE-MISSOURIA TRIBE OF OKLAHOMA CHILDCARE AND DEVELOPMENT PROGRAM

Employment Verification

Applicant Name: _____

Place of Employment: _____

Employer Address: _____
Street or P.O. Box City State Zip

Telephone: _____

Is applicant a current employee: (please circle) YES NO

If no, please enter last date of employment: _____

Days worked: MON. TUES. WED. THURS. FRIDAY SATURDAY SUNDAY
(Please circle)

Rate of Pay: _____ **per hour**

Hours worked: _____ a.m. to _____ p.m.

Employee Status _____ Full Time _____ Part Time
(Please check one)

Supervisor Name and Title

Date

Supervisor Signature